

2002 MICHIGAN Home Heating Credit Claim

Issued under authority of P.A. 281 of 1967. Filing is voluntary. Please type or print clearly in blue or black ink.

2002
MI-1040CR-7

Attachment Sequence No. 08

| | | | | |
|--|---|--|---|--------------|
| PLACE LABEL HERE | 1. Filer's First Name and Middle Initial and Last Name | | 2. Filer's Social Security Number | |
| | If a Joint Return, Spouse's First Name and Middle Initial and Last Name | | 3. Spouse's Social Security Number | |
| | Home Address (No., Street, P.O. Box or Rural Route) | | | |
| | City or Town | | State | ZIP Code |
| 4. Are your heating costs currently included in your rent or is your heat service in someone else's name? If you check YES, you will receive a check (see line 35). If you check NO or leave blank, you will receive an ENERGY DRAFT. <input type="checkbox"/> YES <input type="checkbox"/> NO | | 11. Exemptions. Enter the number that applies to you, your spouse or your dependents and complete line 12 below. Personal Exemption (1 or 2) A. _____ Age 65 or older B. _____ Deaf, Disabled or Blind C. _____ Unemployment compensation greater than 50% of AGI (Enter 1) D. _____ Number of children living with you: Ages 2 and under E. _____ Ages 3 - 5 F. _____ Ages 6 - 18 G. _____ Dependent adults, other than your spouse, who live with you (including children over 18) H. _____ Add lines A through H I. _____ | | |
| 5. Do you want your name and address referred to other government assistance programs you may qualify for? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| 6. If you live in one of these CARE facilities, check the box. A. <input type="checkbox"/> Nursing Home B. <input type="checkbox"/> Adult Foster Care Home C. <input type="checkbox"/> Licensed Home for the Aged D. <input type="checkbox"/> Substance Abuse Center | | | | |
| 7. Do you or your spouse now receive Supplemental Security Income (SSI)? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| 8. AGE. If you are age 60 or older, enter your age. A. You _____ B. Spouse _____ | | | | |
| 9. How much were you billed for heat between 11/1/2001 - 10/31/2002? \$ _____ .00 | | 10. County Code _____ | | |
| 12. Enter below the name, Social Security number, relationship and age of the dependents you claimed (see line 11, E - H above). | | | | |
| Dependent's Name | | Dependent's Relationship to You | Social Security Number | Age in Years |
| a. | | | | |
| b. | | | | |
| c. | | | | |
| d. | | | | |
| Be sure to include income from both spouses. | | | | |
| 13. Wages, salaries, tips, sick, strike and SUB pay, etc | | 13. | | .00 |
| 14. All interest and dividend income (including nontaxable interest) | | 14. | | .00 |
| 15. Net rent, business or royalty income | | 15. | | .00 |
| 16. Annuity, pension and IRA benefits. Name of Payer: _____ | | 16. | | .00 |
| 17. Net farm income | | 17. | | .00 |
| 18. Capital gains less capital losses | | 18. | | .00 |
| 19. Alimony and other taxable income (see instructions). Describe: _____ | | 19. | | .00 |
| 20. Social Security, Supplemental Security Income (SSI) and/or railroad retirement benefits | | 20. | | .00 |
| 21. Child support | | 21. | | .00 |
| 22. Unemployment compensation | | 22. | | .00 |
| 23. Other nontaxable income (see instructions). Describe: _____ | | 23. | | .00 |
| 24. Workers' compensation, veterans' disability compensation and pension benefits | | 24. | | .00 |
| 25. FIP and other FIA benefits | | 25. | | .00 |
| 26. Subtotal. Add lines 13 - 25 | | Subtotal | | .00 |
| 27. Other adjustments (see instructions). Describe: _____ | | 27. | | .00 |
| 28. Medical insurance or HMO premiums you paid for you and your family | | 28. | | .00 |
| 29. Add lines 27 and 28 | | 29. | | .00 |
| 30. HOUSEHOLD INCOME. Subtract line 29 from line 26 (If a negative amount, enter "0".) | | 30. | | .00 |
| Go to page 2 and complete lines 32-40 (Standard and Alternate Home Heating Credit Computations). | | | | |
| 31. HOME HEATING CREDIT. Enter the amount from line 40 | | 31. | | .00 |

You must file this claim by September 30, 2003 to receive your credit.

Continued on page 2.

Standard and Alternate Home Heating Credit Computations

| | | |
|---|-----------|-----|
| 32. STANDARD CREDIT. Standard allowance (from Table A) | 32. _____ | .00 |
| 33. Multiply household income (line 30) by 3.5% (.035) | 33. _____ | .00 |
| 34. Subtract line 33 from line 32 for standard credit amount. If line 33 is greater than line 32, enter "0"..... | 34. _____ | .00 |
| 35. If you answered "yes" to line 4 (heating costs currently included in rent or heat service in someone else's name), multiply the amount on line 34 by 50% (.50). Enter here and on line 40. (If approved the final amount as shown on line 31 is issued as a check.) | 35. _____ | .00 |
| 36. ALTERNATE CREDIT. Total heating costs from line 9 or \$1,578 (whichever is less) | 36. _____ | .00 |
| 37. Multiply household income (line 30) by 11% (.11) | 37. _____ | .00 |
| 38. Subtract line 37 from line 36. If line 37 is greater than line 36, enter "0" | 38. _____ | .00 |
| 39. Multiply line 38 by 70% (.70) for alternate credit amount | 39. _____ | .00 |
| 40. If you completed line 35, enter that amount here. Otherwise, enter the larger of lines 34 or 39 here. You must also enter this amount on line 31 on the front of this form | 40. _____ | .00 |

File Your Claim by: September 30, 2003**Mail Your Claim to: Michigan Department of Treasury
Lansing, MI 48956**

Check the status of your credit claim for the current year through Treasury's Web site at www.michigan.gov/iit or call the Computerized Return Information System (CRIS) at 1-800-827-4000. These services are available 24 hours a day.

Deaf, hearing- or speech- impaired persons may call 517-636-4999 (TTY).

If you receive Family Independence Program assistance, State Disability Assistance, Refugee Assistance, Repatriate Assistance, or you are enrolled with the Family Independence Agency for direct payment, Treasury will send your credit directly to your heat provider.

Where to Get Forms: Visit our Web site at www.michigan.gov/treasury or call toll-free 1-800-367-6263 to have tax forms mailed to you.

Use the tables below to see if you qualify for this credit. If you are eligible under both methods, claim the larger amount.

TABLE A: Standard Allowance for the Standard Credit Computation

| Your Exemptions (from line 11.I) | Standard Allowance | Income Ceiling |
|-------------------------------------|-----------------------------------|-------------------------------------|
| 0 or 1 | \$342 | \$ 9,771 |
| 2 | 461 | 13,171 |
| 3 | 579 | 16,543 |
| 4 | 698 | 19,943 |
| 5 | 816 | 23,314 |
| 6 | 935 | 26,714 |
| | +119 for each exemption over 6 | +3,388 for each exemption over 6 |

TABLE B: Exemptions and Maximum Income for the Alternate Credit Computation

| Your Exemptions (from line 11.I) | Maximum Income |
|-------------------------------------|-------------------|
| 0 or 1 | \$10,922 |
| 2 or more | \$14,345 |

County Code Table

| | | | | | |
|------------|-----------------|--------------|---------------|----------------|-----------------|
| 01 Alcona | 15 Charlevoix | 29 Gratiot | 43 Lake | 57 Missaukee | 71 Presque Isle |
| 02 Alger | 16 Cheboygan | 30 Hillsdale | 44 Lapeer | 58 Monroe | 72 Roscommon |
| 03 Allegan | 17 Chippewa | 31 Houghton | 45 Leelanau | 59 Montcalm | 73 Saginaw |
| 04 Alpena | 18 Clare | 32 Huron | 46 Lenawee | 60 Montmorency | 74 St. Clair |
| 05 Antrim | 19 Clinton | 33 Ingham | 47 Livingston | 61 Muskegon | 75 St. Joseph |
| 06 Arenac | 20 Crawford | 34 Ionia | 48 Luce | 62 Newaygo | 76 Sanilac |
| 07 Baraga | 21 Delta | 35 Iosco | 49 Mackinac | 63 Oakland | 77 Schoolcraft |
| 08 Barry | 22 Dickinson | 36 Iron | 50 Macomb | 64 Oceana | 78 Shiawassee |
| 09 Bay | 23 Eaton | 37 Isabella | 51 Manistee | 65 Ogemaw | 79 Tuscola |
| 10 Benzie | 24 Emmet | 38 Jackson | 52 Marquette | 66 Ontonagon | 80 Van Buren |
| 11 Berrien | 25 Genesee | 39 Kalamazoo | 53 Mason | 67 Osceola | 81 Washtenaw |
| 12 Branch | 26 Gladwin | 40 Kalkaska | 54 Mecosta | 68 Oscoda | 82 Wayne |
| 13 Calhoun | 27 Gogebic | 41 Kent | 55 Menominee | 69 Otsego | 83 Wexford |
| 14 Cass | 28 Gr. Traverse | 42 Keweenaw | 56 Midland | 70 Ottawa | |

Before you sign, please review your claim. Make sure your name, Social Security number and mailing address are on the form and that you have answered all the questions that pertain to you.

Deceased Taxpayers

If filer is deceased, enter date of death. ▶

If spouse is deceased, enter date of death. ▶

I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

▶ I authorize Treasury to discuss my return with my preparer. ☐ Yes ☐ No

▶ Preparer's SSN, PTIN or FEIN

Filer's Signature

Date

▶ Preparer's Name and Address

Spouse's Signature

Date